

Recovery Report

Special Interest Articles:

- National Technical Assistance Center
- Recovery Network of Northern KY
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National Technical Assistance Center for Children's Mental Health

Submitted by Beth Jordon,
Children's Branch

The **National Technical Assistance Center for Children's Mental Health (TA Center)** is located within the Georgetown University Center for Child and Human Development in Washington, DC. July 25-29, 2012 the TA Center hosted the Training Institutes focusing on *"Improving Children's Mental Health Care in an Era of Change, Challenge, and Innovation: The Role of the System of Care Approach."* With the assistance from Kentucky System to Enhance Early Development (KY SEED), Kentucky Partnership for Families and Children, Inc. (KPFC) was able to support the attendance of six teens and young adults to this national conference. Mary Elizabeth Logan and Jessica

Krouse, members of KPFC's Youth MOVE Kentucky and youth representatives on the State Interagency Council, attended the conference's Youth Track. Jessica shared that she "learned new skills on running a website and social media" that she will use to assist the youth movement in Kentucky. One teenager, age 15, also attended the Youth Track. His favorite session was on LGBTQ's (Lesbian, Gay, Bisexual, Transgender and Questioning) connection to suicide; he said he "didn't realize the increased suicide risk for people in the LGBTQ community." Micah Storms, a member of KPFC's Dad Initiative, attended the Training Institute as a young dad of young children. He

enjoyed the "fast-moving" workshop that talked about the importance of dads being involved with their kids' lives. Lydia Hobson, an early childhood parent representative on Bluegrass West's Regional Interagency Council, was surprised to learn that "children can get toxins in their brains from stress." Erica Fort, a young adult from Murray State University, shared that her "aha" moment was when a speaker shared "my illness doesn't have me. I am JD and I have an illness." Two things all these teens and young adults learned "their illnesses can't define them" and "they can share this learning and experience with other young leaders in their Kentucky communities."



Be Ready! Being Prepared for Emergencies

Edited by PK Sims, Excerpted from several articles found on the FEMA Website

Would you be ready if there were an emergency? Be prepared: Assemble an emergency supply kit; Make your emergency plans; Stay informed; and Get involved in helping your family, your business, and your community be ready for an emergency.



A recent survey conducted by The Ad Council found that 91 percent of respondents said it was very important or somewhat important for all Americans to be prepared for emergencies, but only half of respondents said they had an emergency supply kit.

The Department of Homeland Security (DHS) has developed the web site www.ready.gov. The Ready web site provides helpful information about disaster preparedness. It is a valuable resource that places the tools and knowledge in a central location, accessible to all Americans. Residents without Internet access can call **1-800-BE-READY (237-3239)**.

FEMA has free brochures and booklets available that cover different aspects of disaster preparedness. Some of these materials can be printed from the www.fema.gov web site. You can also order free copies of the materials by calling **1-800-480-2520**. There are several materials to choose from that give detailed information about how to prepare for emergencies. Below are two publications that give thorough information and can help you on your path to preparedness:

According to the Federal Emergency Management Agency (FEMA), three elements of good preparation are: [Being Informed](#) -- Learn about the potential emergencies that can happen where you live and know the appropriate ways to respond to them.

Most communities may be impacted by several types of hazards during a lifetime. Americans also travel more than ever before to areas impacted by hazards they may not be at risk of near their homes. Knowing what to do before, during and after an emergency is a critical part of being prepared and may make all the difference when seconds count. Some of the basic protective actions are similar for multiple hazards. For example, safety is necessary when experiencing all hazards, whether this means sheltering or evacuating depends on the specific emergency.

Before a disaster, learn how you will know there is an impending hazardous event. Familiarize yourself with the signs of events that come without warning and know the local advance alerts and warnings and how you will receive them.

Knowing about the local emergency plans for shelter and evacuation and local emergency contacts will help you develop your household plan and will also aid you during a crisis. Learning what to do in different situations and developing and customizing your plans for your local hazards, the locations frequented by members of your household and the specific needs of household members including animals will help you reduce the impact of disasters and may save lives and prevent injuries. [Making a Plan](#) – Your family may not be together when a disaster strikes so it is important to plan in advance: how you will get to a safe place; how you will contact one another; how you will get back together; and what you will do in different situations. Read more about [Family Communication](#) during an emergency. Ready.gov has made it simple for you to make a family emergency plan. Download the [Family Emergency Plan \(FEP\)](#) (PDF - 508 Kb) and fill out the sections before printing it or emailing it to your family and friends.

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Preparedness - continued from page 2

You should also inquire about emergency plans at places where your family spends time: work, daycare and school, faith organizations, sports events and commuting. If no plans exist, consider volunteering to help create one. Talk to community leaders, your colleagues, neighbors and members of faith or civic organizations about how you can work together in the event of an emergency. You will be better prepared to safely reunite your family and loved ones during an emergency if you think ahead and communicate with others in advance. Read more about [school](#) and [workplace plans](#).

Building a Kit -- Find a list of suggested items to include in an emergency supply kit. A disaster supplies kit is simply a collection of basic items your household may need in the event of an emergency. Try to assemble your kit well in advance of an emergency. You may have to evacuate at a moment's notice and take essentials with you. You will probably not have time to search for the supplies you need or shop for them. You may need to survive on your own after an emergency. This means having your own food, water and other supplies in sufficient quantity to

last for at least 72 hours. Local officials and relief workers will be on the scene after a disaster but they cannot reach everyone immediately. You could get help in hours or it might take days. Additionally, basic services such as electricity, gas, water, sewage treatment and telephones may be cut off for days or even a week, or longer. Your supplies kit should contain items to help you manage during these outages. Taking these steps could help you and your family in the event of an emergency.

Make an Emergency Plan



To Chad Ponchot for being selected to receive the Mental Health of America - Kentucky Clifford W. Beers Award for 2012.

Recovery Network of Northern Kentucky

By Jill King

The Recovery Network is expanding! This innovative, peer support organization is opening another site in Newport. We will have more information about them in our next newsletter, but we are very proud of what they are doing in Northern Kentucky. If you live in Northern Kentucky and are not aware of the resources and activities of Recovery Network, you may want to check it out. You may be interested in volunteering, or you may be taking advantage of the services and supports the Network offers. The Recovery Network has a vast number of peer support persons who each bring unique skills to the program.

With their varied skill set and their engaging range of activities there is something for you. Check them out!

Services from the Recovery Network of N. Ky.

- Supported employment program, Ticket to work & certified
- OVR provider for job placement services
- High-speed internet & e-mail access
- Computer training: typing, operating systems, Office 2003, desktop publishing (Adobe, Publisher), etc.
- Job listings & referrals
- Software for practicing interviewing
- Computerized business plans for consumers who wish to be self employed
- Vocational Survey
- Resume preparation
- Basic literacy & G.E.D. computerized training software
- Access to basic resources: clothes, eyeglasses, blankets, personal hygiene, State I.D. assistance
- Referrals to Community Agencies
- Information on low-cost housing vacancies, medications/diagnoses, support groups, educational assistance, etc.

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Owen's Observations

According to the Center for Disease Control and Prevention Kentucky ranks 21 among the states in the number of persons lost to us by suicide. Thirteen people of ever one hundred thousand in our state die by their own hand. The American Foundation for Suicide Prevention reports that we lost 641 persons to suicide in 2010.

No death by suicide is acceptable. The good news is that we can stop them. The fact is we must stop them. On their web site, the American Foundation for Suicide Prevention provides so some important information that all of us should know and keep in mind:

- **Psychiatric Disorders**
At least 90 percent of people who kill themselves have diagnosable and treatable psychiatric illnesses, such as major depression, bipolar depression, or some other depressive illness, including:

Schizophrenia
Alcohol or drug abuse, particularly when combined with depression
Posttraumatic Stress Disorder or some other anxiety disorder
Bulimia or anorexia nervosa
Personality disorders especially borderline or antisocial

- **Past History of Attempted Suicide**

Between 20 and 50

percent of people who kill themselves have previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.

- **Genetic Predisposition**
Family history of suicide, suicide attempts, depression or other psychiatric illness.
- **Neurotransmitters**
A clear relationship has been demonstrated between low concentrations of the serotonin metabolite 5-hydroxyindoleacetic acid (5-HIAA) in cerebrospinal fluid and an increased incidence of attempted and completed suicide in psychiatric patients.
- **Impulsivity**
Impulsive individuals are more apt to act on suicidal impulses.
- **Demographics**
Sex: Males are three to five times more likely to die by suicide than females.
Age: Elderly
Caucasian males have the highest suicide rates.

A suicide crisis is a time-limited occurrence signaling immediate danger of suicide. *Suicide risk, by contrast, is a broader term that includes the above factors such as age and sex, psychiatric diagnosis, past suicide attempts, and traits like impulsivity.*

The signs of crisis are:

- **Precipitating Event**
A recent event that is particularly distressing such as loss of loved one or career failure. Sometimes the individuals own behavior precipitates the event: for example, a man's abusive behavior while drinking causes his wife to leave him.
- **Intense Affective State in Addition to Depression**
Desperation (anguish plus urgency regarding need for relief), rage, psychic pain or inner tension, anxiety, guilt, hopelessness, and an acute sense of abandonment (or isolation) are all signals of potential concern.
- **Changes in Behavior**
Speech suggesting the individual is close to suicide.

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Owen's Observations - Continued from page 4

Such speech may be indirect. Be alert to such statements as, "My family would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away. Actions ranging from buying a gun to suddenly putting one's affairs in order may be signals of danger. Deterioration in functioning at work or socially, increasing use of alcohol, other self-destructive behavior, loss of control, rage explosions may

also be signals.

Suicide attempts tend to spike during holiday seasons. People may feel isolated or grieved because of lost relationships and deceased family members. You may consider setting another plate for Thanksgiving and/or Christmas and inviting folks in that category to share the holiday with you. My wife and I have often invited friends for holidays rather than all of us spending those days alone. Such gestures may save lives and they can be very meaningful.

All of us can be alert to these issues among our family, friends and co-workers. We encourage everyone to practice asking the big question: "I care about you and I am

concerned that you may be thinking about killing yourself?" Do not be afraid to ask the question. Some people have said that such a question may plant the idea in someone's mind. That is not true. Research has proven that the big question, asked in a compassionate way, can and does save lives. If the person answers positively, do not leave them until help arrives. Get help. A very good response is to call the suicide prevention life line: **800 273 8255**. (You may want to carry that number in your pocket for emergencies.) Calling **911** is also an alternative.

Website for Suicide Prevention:

<http://dbhdid.ky.gov/dbh/kspg.asp>

"A suicide crisis is a time-limited occurrence signaling immediate danger of suicide..."



Recovery Network of Northern Kentucky - Continued from page 3

- Check out books, watch videos and listen to tapes from the Resource Library.
- Electronic Screening for Mental Health Issues
- Area Support Group Listings
- Peer to Peer Support

- Northern KY AA/NA Listings

The Recovery Network of Northern Kentucky is located at 605 Madison Ave. Covington, KY 41011. Phone number is **1-859-431-2134**. Hours: 10:30 am to 3:30 pm Monday thru Friday. The Recovery Network is staffed and operated by persons who

have experienced mental illness.

The Recovery Network operates under the 501 (c) (3) (non-profit status) of the Mental Health Association of Northern Ky. [All donations to the Recovery Network are tax deductible.](#)

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10 Ways to Beat the Holiday Blues

Edited by PK Sims

There are a lot of lonely people during the holidays, and one can choose to sit around and feel unhappy and alone, which can lead to even more loneliness, or nip it right in the bud, and enjoy the holiday season to its fullest. Here are ten great ways to stop being lonely, and start having fun during the holidays.

Share the Holidays with the Elderly-

There are many places you find the elderly who are alone during the holidays. They are in nursing homes, assisted living homes, and maybe even a neighbor, and they would love someone to visit and share the holidays with them. When you reach out to someone else who is lonely, it lessens your loneliness as well.

Volunteering at Shelters-

Volunteering to either serve holiday dinners or passing out presents to kids who wouldn't have a special holiday without a charitable organization, can help lessen your loneliness, and truly help you understand just how fortunate you really are. The happiness you see on their faces will help to wash away your feeling of loneliness quickly.

Holiday Parties-

Don't be afraid to attend holiday parties by yourself. Being around other people and celebrating the holidays will help take the edge off your loneliness. You would be surprised just how much fun you can have if you just make a

little effort.

Holiday Activities-

Try and get out and do as many fun holiday activities as possible. Dig out the old ice skates, and give it a whirl. Take in a funny holiday movie at a movie theater. Don't stay at home and watch it at home alone. Laughing with and enjoying the movie with a whole bunch of other people will do more for you than watching it at home alone. Take in a holiday concert; go shopping in the stores, not on-line. You want to do everything possible not to isolate yourself during the holidays.

Visit Family Members-

Having family around during the holidays is usually plus for most people. There's nothing like sharing the love and joy of the holiday season with those you really care about, to help beat the loneliness a single person feels during the holidays.

Decorate for the Holidays-

One thing I have found in common about people, who are alone during the holidays, is they don't make the effort to decorate. I guess they figure there's no one else there to enjoy them. Well, you are, and that means everything. So, don't skip the decorating, this just adds fuel to the fire that you are either alone, lonely, or both. Decorate like you matter. You would be surprised at how different it will make you feel.

Spoil Yourself-

When you focus on doing

nice things for yourself you are less likely to focus on being lonely. So, make that special holiday meal, bake those cookies, take that luxurious bubble bat, whatever makes you feel special, do it. I bet you will feel so wonderful spoiling yourself; it will be hard to remember why you ever felt lonely.

Call Old Friends and Catch Up-

You know I have some dear friends I have known for many years, and every year during the holidays we talk for hours, catching up on what happened all year long. What fun this is! You will never feel lonely when you reach out to old friends that you have shared many good memories with.

Adopt a Pet-

I know some people say you should never adopt a pet during the holidays. I agree in some instances that may be true, but certainly not in all. What better way to feel less lonely, then to share your love and companionship with a pet that may have had to spend the holidays in a shelter. It's pretty well known that pets can add much happiness, and improve the lives and health of those who have a pet to love, and a pet who loves them. They bring much joy to my life all year long, and especially during the holidays!

Now, if you can do all ten, chances are you will be way too busy to think about being lonely. If you can't do all ten, do a few of your favorites. Focusing on others, and sharing the holidays with others, is a sure fire way to ever forget you even thought about being lonely.

Happy Holidays!



It's the Holidays,
get your act together!



50 ways to spread the holiday cheer

Congratulations to Western State Hospital and Eastern State Hospital for the honors they received from Mental Health America - Kentucky. Each hospital was recognized for their pioneering work establishing recovery oriented services and the development of their Recovery Malls.

Stigma and Recovery

By Suzanne Carrier

Stigma affects everyone's recovery. I would like to share a story of pregnant women and the stigma that affects their road to recovery. Visualize two women sitting on a park bench, both 22 years old, pretty, and visibly pregnant. One is drinking a diet coke; the other is drinking a beer. **What is your immediate reaction? Is it the same for both women?** What would you say to the woman drinking beer? "It's only beer." Or "How dare she?" If a pregnant woman is unable to stop drinking while pregnant, she will be afraid to tell her doctor. The doctor will tell her to stop, and she knows she can't. The doctor will probably call Child Protective Services and she will lose custody of this baby and the one she has at home.

She loves her children but this fear will stop her from going to prenatal care. What if she is smoking? Misusing pain pills? The negative judgment just increases. That fear of losing custody of her baby and the disgust shown by medical providers will keep her away from important medical care. Addiction may be a chronic illness, but when it comes to pregnant women, judgment comes too easily.

Has stigma affected your ability to stay on the road to recovery? We have learned through the KIDS NOW Plus program that pregnant women need a safe, non-judgmental

environment to support their recovery. With positive recovery supports, a healthy pregnancy can happen.

If a pregnant woman is addicted to opiates, pain medications, or heroin, she will need specialized medical care to provide stability for the growing baby.

The treatment community knows that treatment works. My goal is for you to consider your thoughts about pregnant women. A pregnant woman needs the same tools for recovery that we all do.



Adult Service Branch has a New Employee!

Janine will be working with the Supported Employment Program.

All of us here in the Division of Behavioral Health want to welcome Janine and wish her success as she becomes part of the team.

Janine Dewey has over 25 years in mental health and substance abuse social services experience in Kentucky, ranging from PRTF direct care to program marketing. She holds a Master's degree in Counseling and is a Certified Alcohol and Drug Counselor. Janine is an energetic, outgoing person who works independently and also performs well as an integral team member. She is skilled at conflict

resolution, program management, team building and being creative with limited resources. Janine enjoys opportunities to bring teams together, build positive communities and work environments. She has participated in several statewide community efforts to assist youth in state's care transition to adult services. In her leisure time, Janine has taken up participating in 5K and 10K races with her goal

set for the Mini marathon in 2013!



Please check out our
web page

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We're on the Web!

See us at:

www.dbhdid.ky.gov



Dept. for Behavioral Health,
Developmental and
Intellectual Disabilities

100 Fair Oaks Lane, 4E-D
Frankfort, KY 40621

All Around the Division

We had several Grants
awarded to the Substance
Abuse Prevention.

Name of Grant: 2012
Strategic Prevention
Framework Partnership for
Success II Cooperative
Agreements (SPF-PFS II)
Award Amount: 2.7
Million Dollars
Funding Period: 3 Years

October 1 2012 – Sept 30,
2015

**Total Number of
Awardees:** 15

Name of Grant:
Kentucky Adolescent
Treatment-
Enhancement/Dissemin
ation Grant (KAT-ED)
Award Amount and

Funding Period:
\$961,386 **per year** for 3
years to cover costs of
treatment for youth,
training, administration
and evaluation.



Lisa Stidham Leaving Behavioral Health



Lisa is leaving and

taking a position at another destination. Lisa has been
working for the Children's Branch for over a year and a
half as the Administrative Support for the Children's
Branch and the SIAC Program. It is with great
sadness that we tell her goodbye. She will be greatly
missed by everyone in the division.

More Awards

The **Nick Baumgardner
Trauma-Informed Care
Award** recognizes a
program that has begun
implementation of
trauma-informed care.
The late Mr. Baumgartner
was a consumer advocate

who spoke to the
additional challenges he
faced as a victim of
trauma.



Janice Johnston's work
has led to numerous
Programs/organizations/
communities beginning
implementation of
trauma-informed care.



**TO ALL OF OUR
FRIENDS**